



GEORGIA MEDICAID FEE-FOR-SERVICE AFINITOR PA SUMMARY

Preferred	Non-Preferred
Afinitor (everolimus) Afinitor Disperz (everolimus)	n/a

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Afinitor

- ❖ Approvable for members 18 years of age or older with a diagnosis of advanced renal cell carcinoma (kidney cancer) who have failed therapy with pazopanib (Votrient), sunitinib (Sutent) or sorafenib (Nexavar).
- ❖ Approvable for members 1 year of age or older with a diagnosis of subependymal giant cell astrocytoma (SEGA) associated with tubular sclerosis complex (TSC) who are not candidates for curative surgical resection.
- ❖ Approvable for members 18 years of age or older with a diagnosis of renal angiomyolipomas associated with tubular sclerosis complex (TSC) who do not require immediate surgery.
- ❖ Approvable for members 18 years of age or older with a diagnosis of progressive neuroendocrine tumors of pancreatic origin (PNET) that are unresectable, locally advanced or metastatic.
- ❖ Approvable for postmenopausal women with a diagnosis of advanced hormone receptor-positive, HER2-negative breast cancer in combination with exemestane (Aromasin) or tamoxifen (Nolvadex, Soltamox) after failure of treatment with letrozole (Femara) or anastrozole (Arimidex).
- ❖ Approvable for members 18 years of age or older with a diagnosis of unresectable, locally advanced, or metastatic progressive, well-differentiated, non-functional neuroendocrine tumors (NET) of gastrointestinal (GI), lung or thymus origin.

Afinitor Disperz

- ❖ Approvable for members with a diagnosis of subependymal giant cell astrocytoma (SEGA) associated with tubular sclerosis complex (TSC) who are not candidates for curative surgical resection. Members older than 10 years of age must be unable to swallow solid dosage forms (tablets) in order for the Disperz formulation to be approved.

QLL CRITERIA:

Afinitor

- ❖ An authorization to exceed the QLL may be granted for the 7.5mg or 10mg strength if member is receiving a concomitant strong CYP 3A4 inducer.



Afinitor Disperz

- ❖ An authorization to exceed the QLL may be granted for the 3mg or 5mg strength if member is receiving a concomitant strong CYP 3A4 inducer.
- ❖ An authorization to exceed the QLL may be granted for the 2mg strength based on whole blood trough levels of everolimus.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.